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Bib Data Sheet

CONFIRMATION NO. 1348

<b>SERIAL NUMBER</b> 09/535,002	<b>FILING DATE</b> 03/23/2000 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> EN9-99-114
<b>APPLICANTS</b> David A. Hrusecky, Johnson City, NY; Roger S. Rutter, Owego, NY; <i>is None</i> <b>** CONTINUING DATA *****</b> <i>is None</i> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 05/25/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>95</i> Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 20
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> McGuire Woods LLP 1750 Tysons Blvd Suite 1800 McLean, VA 22102-4215				
<b>TITLE</b> Anti-flicker system for multi-plane graphics				
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>SERIAL NUMBER</b> 09/535,002	<b>FILING DATE</b> 03/23/2000 <b>RULE</b> _	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2711	<b>ATTORNEY DOCKET NO.</b> EN9-99-114	
<b>APPLICANTS</b> David A. Hrusecky, Johnson City, NY ; Roger S. Rutter, Owego, NY ;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/25/2000</b> _					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b>  Whitham Curtis & Whitham Reston International Center 11800 Sunrise Valley Drive Suite 900 Reston ,VA 20191					
<b>TITLE</b> Anti-flicker system for multi-plane graphics					
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		